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| **LABORATORY STAFF AND HIGHER DEGREE RESEARCH STUDENT VACCINATION FORM**  IBC-8.1 |
| **INSTITUTIONAL BIOSAFETY COMMITTEE** |

This form is for the vaccination of staff and Higher Degree Research Students (HDRS) of the University of South Australia, who are at occupational risk of infectious diseases. This form is not to be used for travel vaccination or for undergraduate students.

Vaccinated persons must keep an electronic copy of the final set of reports and documents. Neither the IBC nor Safety & Wellbeing Team will provide a copy.

Completed forms should be submitted to the Facility/Operations Manager or Research Supervisor of the staff/HDRS.

The University respects the rights of personnel to decline vaccination. And in some cases, vaccination may be contraindicated by a Medical Practitioner. If vaccination is declined, incomplete or seroconversion has not been reached, then forms must still be submitted to the Research Supervisor or Facility/Operations Manager.

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| **1** | **Laboratory Staff or Higher Degree Research Student Details** | | |
| **Full Name of Person to be Vaccinated** | | |  |
| **Date of Birth** | | |  |
| **UniSA Academic Unit/Institute/Centre** | | |  |
| **UniSA Staff/HDRS Identification Number** | | |  |
| **Email** | | |  |
| **Phone Number** | | |  |
| **Date Required by Project Leader or Operations Manager for submission of this form to them** | | |  |
| **2** | | **Line Manager Details** | |
| **Name of Research Supervisor/Operations Manager** | | |  |
| **Room Number, Building, Campus** | | |  |
| **Email** | | |  |
| **Phone Number** | | |  |
| **3** | | **Line Manager Authorisation** | |
| I declare that  (Name of Staff or Higher Degree Research Student)  With ID number  (University ID number of Staff or Higher Degree Research Student)  Is authorised to be assessed for evidence of immunity or vaccination, and to be vaccinated against:  I request that this form be returned to me no later than the following date:  I certify this is for University business and the Cost Centre Numbers to be charged are:  Sub Ledger AD: Account Code: Item code: 1262  Line Manager Signature Date of Signing | | | |

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| **4** | **Medical Practitioner Declaration of Vaccination** |
| I have assessed the medical history of the person and report the immunisation status as follows:  Person has completed ALL the required vaccinations as stipulated by the line manager  and no further vaccinations are required.  Person has commenced a course of  and has outstanding requirements as specified below.  Dose 2 Date Due  Dose 3 Date Due  Serology Date Due  Doctor’s Signature:  Date:  Doctor’s Name and Stamp: | |

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| **5** | **Staff/Higher Degree Research Student Declaration of Understanding** |
| I understood the information provided to me about vaccination.  I agree to comply with the immunisation requirements specified in The University of South Australia’s Communicable Diseases and Immunisation Guidelines.  I agree that if any test(s) for blood-borne viruses or *Tuberculosis* is/are positive I understand that I will need ongoing medical care and supervision for this condition and that this could delay me from involvement with projects.  I understand that if I am non-responsive to immunisation, do not complete the full course of vaccination or decline vaccination that I may not be permitted to work in the laboratory with infectious microorganisms or will have modified work practises, as dictated by my line Manager.  I agree to retain my immunisation records.  I agree to release the records to Safety & Wellbeing Team, Operations Manager/Project Leader and Institutional Biosafety Committee as required.  Person’s Signature Date:  Person’s Name | |

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| **6** | **Declaration of Incomplete Immunity or Declining Vaccination** |
| **6A** | **Staff/Higher Degree Research Student Declaration** |
| I,    *(Print full name)*  understand that I am at risk of infection, due to my occupational/research exposure to:  ☐ People  ☐ Wild animals  ☐ Human blood, tissues or body fluids  ☐ Wild animal blood, tissues or body fluids  ☐ Viruses, bacteria, fungi or Cholera toxin  I have discussed immunisation requirements with my Line Manager and vaccinating doctor and understand that I may be at risk of acquiring the following infection(s):    I have been given the opportunity to be screened/vaccinated at no charge to myself; however, at this time  ☐ I have not sero-converted post receipt of vaccine  ☐ I have been advised by a medical provider that vaccination is medically contraindicated  ☐ I decline vaccination    If declining vaccination, I have declared my reason for declining to the medical practitioner.  If the reason for declining is temporary in nature, I will consider vaccination at a later date when my circumstances change. I will notify my Line Manager of the change in circumstances.  I understand that if I do not sero-convert or complete the vaccination schedule, I may be at risk of infection with the above mentioned disease.  I understand that my Academic Unit/Institute/Centre Line Manager will conduct a risk assessment, formulate a risk management strategy and advise me if any alterations to my work/research are required to reduce the risk.  I understand that my current status may impact upon my ability to participate, in part or in full, on the project or work in certain facilities.  If in the future I continue to have occupational exposure to potentially infectious situations or materials and I want to be screened or vaccinated, I understand I can receive the serology tests and vaccination at no charge to me.  I authorise my records of vaccination status to be released to my Line Manager, Safety & Wellbeing, the Head of Academic Unit/Institute/Centre, the Institutional Biosafety Committee and the Biosafety Officer of the University of South Australia for the purposes of recording and managing my vaccination status.  I understand that I am required to present this signed document to my Supervisor.  Signed:  Name: Date:  *(Please Print)* | |

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| **6B** | **Medical Practitioner Statement Of Incomplete Immunity or Declining Vaccination** |
| I confirm that the above-named person has engaged my services to discuss vaccination requirements to reduce risk of occupational exposure of the above-mentioned diseases.  I confirm that the above-named person is unable to meet the requirements of immunisation due to:  ☐ Permanent medical contraindication to vaccination  ☐ Temporary medical contraindication to vaccination  ☐ Inability to sero-convert post receipt of vaccine  ☐ Declining of vaccination  Medical Practitioner Signature: Date:    Medical Practitioner Name:  *(Please Print)*  Medical Practitioner Stamp: | |

**Completed forms should be submitted to the Operations Manager (for professional/technical staff) or Project Supervisor (for Research Project Staff or Higher Degree Research Student).**

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| **7** | **Supervisor Declaration** |
| I confirm that I have read the above declarations and I am aware of the immune status of the named staff member or Higher Degree Research Student.  I agree to send a copy of this signed document to UniSA Safety & Wellbeing. (HSIM.Team@unisa.edu.au)  In the event that the named person is unable to complete the course of vaccination, has not sero-converted or declined vaccination I will formulate and enact a management strategy to reduce or eliminate the risk of occupational exposure to the pathogen, without bias or discrimination.  I agree that if the reason for declination is temporary, that I will offer the staff member or Higher Degree Research Student serology testing and vaccination when their circumstances of have changed.  I agree to hold the vaccination status of the staff/HDRS in confidence, unless required by law, Safety & Wellbeing, Institutional Biosafety Committee or the Biosafety Officer of UniSA.  Supervisor Signature: Date:    Supervisor Name:  *(Please Print)* | |

# **Appendix 1**

## **Confirmation of Vaccination History**

The most important requirement for assessment of vaccination status is to have written documentation of vaccination. The approach of immunisation service providers to the problem of inadequate records should be based on the age of the person to be vaccinated, whether previous vaccines have been given in Australia or overseas, and the vaccines being considered for catch-up.

Detailed information on the vaccine registers used in Australia and how to obtain vaccination records is provided in 2.3.4 Immunisation registers, but is also described briefly below.

**Children, adolescents and young adults <20 years of age**

The Australian Childhood Immunisation Register (ACIR) commenced on 1 January 1996 and holds records of vaccinations given since then to children (between birth and their 7th birthday). From 1 January 2016, the register will accept records of vaccinations given to older children, adolescents and young adults <20 years of age (referred to as ‘young individuals’ in ACIR legislation) if the vaccination was given after 1996. Details of a child’s, adolescent’s or young adult’s immunisation history can be obtained via the ACIR secure site within the Health Professionals Online Services (HPOS) (www.humanservices.gov.au/hpos) or the ACIR Enquiry Line (1800 653 809). If it is believed that vaccines have been given but are not recorded on the ACIR, every effort should be made to contact the relevant immunisation service provider. If confirmation from the nominated provider or the ACIR cannot be obtained, and no written records are available, the vaccine(s) should be considered as not received, and the individual should be offered catch-up vaccination appropriate for their age.

Prior to January 2016, vaccination information was not recorded on the ACIR for children, adolescents or young adults aged ≥7 years. Documented vaccinations given to a child, adolescent or young adult <20 years of age that are not captured on the ACIR can be added to the register by immunisation service providers. This is done through the ACIR secure site within HPOS or by completing an Immunisation History form. (Refer also to 2.3.4 Immunisation registers, ‘Reporting to the Australian Childhood Immunisation Register’.)

Certain vaccinations received during adolescence may be recorded by other registers. For example, the National HPV Vaccination Program Register (the HPV Register) holds details of human papillomavirus (HPV) vaccinations reported to the Register since the commencement of the HPV Vaccination Program in April 2007. The HPV Register initially only recorded vaccinations for females, but since 2013 also records vaccinations given to males. Details of HPV vaccinations held by the HPV Register can be obtained by phoning the Register on 1800 478 734 (1800 HPV REG). (Refer also to 2.3.4 Immunisation registers.)

Some states and territories also maintain records of vaccinations delivered through school-based programs. Information on how to obtain such records can be obtained from state and territory government health departments (refer to Appendix 1 Contact details for Australian, state and territory government health authorities and communicable disease control).

From the 2017 school year, the HPV Register will become the Australian School Vaccination Register, which will capture adolescent vaccinations given through school programs (refer to 2.3.4 Immunisation registers ‘School vaccination program registers’).

### **Adults (≥20 years of age)**

From September 2016, all vaccinations given in general practice or community clinics over the life of an individual will be captured in the Australian Immunisation Register (AIR), which is an expansion of the ACIR. Adults who received vaccinations prior to September 2016 may only have patient-held and/or provider-held documentation of previous vaccination history or, in some instances, these may not be available. Information for certain vaccinations may be available from other sources, such as the HPV Register (which from the 2017 school year will become the Australian School Vaccination Register (ASVR) and also capture other adolescent vaccinations which are given through school programs) and the Australian Q Fever Register. (Refer also to 2.3.4 Immunisation registers.)

**Incomplete documentation of prior vaccination**

If receipt of prior vaccination cannot be confirmed via the above methods, it should generally be assumed that the vaccine(s) required have not been given previously. All efforts should be made to confirm and ensure appropriate documentation of prior receipt of vaccines.

For most vaccines (except Q fever), there are no adverse events associated with additional doses if given to an already immune person. In the case of diphtheria-, tetanus- and pertussis-containing vaccines and pneumococcal polysaccharide vaccines, frequent additional doses may be associated with an increase in local adverse events; however, the benefits of protection may outweigh the risk of an adverse reaction. (Refer also to 4.2 Diphtheria, 4.12 Pertussis, 4.13 Pneumococcal disease or 4.19 Tetanus.) Additional doses of MMR, varicella, inactivated poliomyelitis (IPV) or hepatitis B vaccines are rarely associated with significant adverse events.

**Reference:** Australian Immunisation Handbook 10th Edition